

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Cure 4 Louisiana's Future PAC

ADDRESS (number and street)

50 S. Jones Blvd #201

☐ (Check if address is changed)

Las Vegas

CITY ▲

NV

STATE ▲

89107

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

chrissie@incompliance.net

Optional Second E-Mail Address

cameron@incompliance.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.cure4lafuture.com

2. DATE

01 / 27 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00607234

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chrissie Hastie

Signature of Treasurer

Chrissie Hastie

[Electronically Filed]









Date

01 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Cure 4 Louisiana's Future PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Chrissie Hastie

Mailing Address 50 S. Jones Blvd. #201

Las Vegas

NV

89107

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 702 - 259 - 5559

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Chrissie Hastie

Mailing Address 50 S. Jones Blvd. #201

Las Vegas

NV

89107

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number 702 - 259 - 5559

Full Name of
Designated
Agent

Cameron Phillips

Mailing Address

50 S. Jones Blvd. #201

Las Vegas

CITY

NV

STATE

89107

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

702

259

5559

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chase Bank

Mailing Address

6430 W Lake Mead #110

Las Vegas

CITY

NV

STATE

89108

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F1N

Transaction ID :

Please be advised this committee intends to make independent expenditures consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in Speech Now vs. FEC and therefore this committee intends to raise funds in unlimited amounts. This committee will NOT use any of those funds to make contributions, whether direct, in-kind, or via coordinated communications to any federal candidates or federal committees.

Form/Schedule:

Transaction ID: